

during the patient's infective period he is of little or no risk to those with whom he comes in contact. . . .

From the standpoint of vital statistics, and for the immediate purposes of the study of venereal disease incidence, it is of paramount importance to recognize that earnest and sincere coöperation on the part of the practicing physician is required to fulfill the obligation of reporting, which is of first importance in the control of any communicable disease. There is no doubt that considerable reluctance, based upon the traditional relationship between physician and patient, still exists which may retard the immediate success of venereal disease reporting. Nevertheless, in the light of public interest and of an awakened public consciousness, this tradition is being modified where public interest so requires. Reporting by name already exists in some states, and there can now be no legitimate objection to reporting, at least by initial or number and address, under all circumstances with the condition that such information remains of a confidential nature so far as public health officials are concerned, and can in no way be used to endanger the reputation or character of those concerned. . . .

The State Department of Public Health, through the recently formed Bureau of Venereal Diseases, is anxious to be of every possible help to physicians in the care of venereal disease cases. A special bulletin on the treatment of syphilis is enclosed and it is hoped that it will prove helpful to you.

An announcement of the second objective in the venereal disease program will reach you in the near future.

MALCOLM H. MERRILL, M.D., *Chief
Bureau of Venereal Diseases
State Department of Public Health
coöperating with
U. S. Public Health Service.*

Approved:

WALTER M. DICKIE, M.D.
Field Agent, U.S.P.H.S.

Concerning Donation to the Barlow Medical Library.

June 17, 1937.

To the Association Secretary:—I have just returned from the Convention of the Medical Library Association, and find a notation of a gift of \$1,242.75 from the California Medical Association.

These annual contributions enable us to purchase for the Library many items of medical literature which otherwise we could not have. The more extensive the library, the better service we can render to the doctors of the County and State.

We express our appreciation and thanks for this generous gift.

Yours very truly,

MARY E. IRISH,
Librarian.

Concerning the Pan American Medical Cruise.

PAN AMERICAN MEDICAL ASSOCIATION

June 19, 1937.

To the Editor:—The Executive Committee of the Board of Trustees takes great pleasure in announcing that the *Queen of Bermuda* has been chartered for the Seventh Cruise-Congress. As you know, we had this boat for the last cruise and it proved to be most ideal for our purposes. Following is the itinerary:

Leave New York.....	January 15, 1938
Arrive Havana (4½ days and 5 nights in Havana)	January 18, 1938
Leave Havana	January 23, 1938
Arrive Port au Prince.....	January 24, 1938
Leave Port au Prince.....	January 24, 1938
Arrive Trujillo City (Santo Domingo).....	January 26, 1938
Leave Trujillo City (Santo Domingo).....	January 26, 1938
Arrive San Juan (Puerto Rico).....	January 27, 1938
Leave San Juan (Puerto Rico).....	January 27, 1938
Arrive New York.....	January 31, 1938

The main part of the Congress will be held in Havana. There will be three days of scientific sessions with operative clinics. These will be divided into sections for the various specialties. This year we have four new sections: Tuberculosis, gastroenterology, dentistry, and industrial medicine. Meetings will be arranged with our medical colleagues at the other ports of call.

The Hotel Savoy-Plaza in New York, and the National Hotel in Havana will be our official hotels.

Travelways, Inc., have chartered the *Queen of Bermuda* on behalf of our Association and will act as our official travel agents. As this Congress promises to be the most successful ever held by the Association, it would be highly advisable to book reservations as early as possible with Travelways, Inc., who will make every effort to satisfy the requirements of the members of the Congress. Applications for reservations should be addressed to the Pan American Medical Association at 745 Fifth Avenue, New York City.

The program committee would be pleased to receive applications for the presentation of scientific contributions.

Cordially yours,

JOSEPH J. ELLER, M. D.

Office of Director General,
745 Fifth Avenue, New York, N. Y.

Concerning Donation to the Lane Library.

To the Association Secretary:—At the last meeting of the Board the President of the University advised us of the receipt of check for \$1,242.73 from the California Medical Association as a contribution to the Lane Medical Library.

The Trustees deeply appreciate this generous action on the part of the Association, and I was requested to extend, through you, their profound thanks to the members of the Association.

Yours very truly,

IRA S. LILLICK, *Secretary.*

Concerning: "If and when we have State Medicine."

To the Editor:—What will be the status of the specialist if and when we have State Medicine? How will the various specialties be classified? How will the men in the different branches be selected, on the basis of years of practice, years of post-graduate work, or by the number and kind of influential political friends, or on the basis of competitive examination, similar to civil service?

Will post-graduate work be encouraged? If so, will the State pay for it, pay for the time off, similar to army regulation? Who will designate the places to study? Will that be left to the discretion of the individual physician, or will it be controlled by a board? If by a board, will it be composed of doctors or laity?

What will be the psychological reaction of the mass of the profession toward the compulsory attendance of patients? What will be the stimulus for exhaustive study of puzzling cases?

Will every section of the human anatomy be divided for special study, and be under the jurisdiction of a specialist in that part? If so, what will be the result obtained by the narrow specialist in relation to other ailments of the same individual? Will it be necessary to have a dozen specialists in consultation if a patient should complain of symptoms in different parts of the body?

What will be the inducement to physicians to write scientific articles?

What will be the relation of physician to patient? What if an illiterate patient decides that the physician attending the case is not competent—will he go to the lay committee to complain, or will he go to some politician friend to have the doctor disqualified, or reduced in rank?

If State Medicine becomes a practice, can the State stop there? What effect will it have upon the new graduates? Are they to become specialists as soon as they graduate, or must they go out in the field as general practitioners? If as specialists, who will pay for their time and tuition? The hospitals in which they study will have to conform to some degree with the plan, and will they, as a consequence, be supported by the State? What then will become of the private donations to these institutions? If private bequests are withdrawn, will that increase the amount necessary to support the institution to be given by the State, and will that in turn increase the State's budget and in turn increase the taxes?

If the physician is a State agent, will the medical students attending the State schools be subject to pay the present rate of medical tuition? If cheaper, what will become of the private schools?

What will become of the various medical societies? What will be their value? Certainly not for medical protection,